CHOC DEPARTMENT TRAFFIC CRAS	H REPORT *DENG	TES MANDATORY FIELD FOR SUPPLE	MENT DEPART		OCAL REPORT NUMBER*	
X PHOTOS TAKEN 0H-2 X OH-		PER MANUALONI I ILLU FUR SUPPLI	EWENT REPORT	1,22-0	00027	
SECONDARY CRASH OH-1P OTH			NCIC* 0,2,9,0,5	HIT/SKIP	NUMBER OF UNITS UNIT IN ERROR	
PRIVATE PROPE		Department (	1 - SOLVED	0,2 0,1 98-ANIMAL		
2-VILLAGE DOUBLE	: CITY, VILLAGE, TOWNSHIP*		CRASH DATE / TIME* 07182022 2128 5 1-FATAL			
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NOR					2 - SERIOUS IN HIDV	
2 - SOU 4 3 - EAS	TH		ROAD TYPE	20 626	SUSPECTED	
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NOR	T		ST	39 636008 3-MINORINJU SUSPECTED		
2 · SOU 3 · EAS	THI BALL	(ROAD, MILEPOST, HOUSE #)	ROAD TYPE	4-1KJORT POS		
4-WES	т		ST	<u>-84, 071</u>	5-PROPERTY DAMAGE	
1 - INTERSECTION TO NORTH	ROUTE TYPE  IR - INTERSTATE ROUTE(TP)	AL - ALLEY HW- HIGHWAY	***		NTERSECTION RELATED	
1 2-MILE POST 2-SOUTH 2-SOUTH 3-EAST	US - FEDERAL US ROUTE	AV - ALLEY HW - HIGHWAY  AV - AVENUE LA - LANE	RD - ROAD SQ - SQUARE	WITHIN INTER	SECTION OR ON APPROACH	
4-WEST	SR - STATE ROUTE	BL - BOULEVARD MP - MILEPOST	ST -STREET	WITHIN INTER	CHANGE AREA NUMBER OF APPROACHES	
GNIT OF WEASURE	CR - NUMBERED COUNTY ROUT	E CT - COURT PK - PARKWAY	TE . TERRACE		ROADWAY	
2-FEET	TR - NUMBERED TOWNSHIP ROUTE	DR - DRIVE PI - PIKE	WA - WAY	ROADWAY DIVI		
3-YARDS	(F-1)	HE - HEIGHTS PL - PLACE		TONDON, DIVI	JED .	
LOCATION OF FIRST HARMFUL ET		MANNER OF CRASH COLLISION/IMP - NOT COLLISION 4 - REAR-TO-REAR		DIRECTION OF TRAVEL	MEDIAN TYPE	
	AY/ALLEY ACCESS	BETWEEN 5-BACKING		1 - NORTH 2 - SOUTH	1 - DIVIDED FLUSH MEDIAN (<4 FEET)	
4 - ON ROADSIDE 12- SHARE	Y GRADE CROSSING L	VEHICLES IN 6-ANGLE TRANSPORT 7-SIDESWIPE, SAI	HE DIDECTION	3 - EAST	2 - DIVIDED FLUSH MEDIAN	
5-ON GORE TRAILS 6-OUTSIDE TRAFFIC WAY 13-BIKE LI	.NE 2	- REAR-END 8 - SIDESWIPE, OP		4-WEST	( > 4 FEET )  3 - DIVIDED, DEPRESSED MEDIAN	
6-OUTSIDE TRAFFIC WAY 13-BIKE LA 7-ON RAMP 14-TOLL BE	) 3	- HEAD-ON 9 - OTHER / UNKNO	NWN		4 - DIVIDED, RAISED MEDIAN (ANY TYPE)	
8-OFF RAMP 99-OTHER	UNKNOWN				9 - OTHER/UNKNOWN	
WORK ZONE RELATED	WORK ZONE TYPE	LOCATION OF CRASH IN W	ORK ZONE	CONTOUR	CONDITIONS SURFACE	
WORKERS PRESENT	1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER	1 - BEFORE THE 1ST WARNING SIGN	WORK ZONE	1	1 2	
LAW ENFORCEMENT PRESENT	3 -WORK ON SHOULDER	2-ADVANCE WARNI		1 - STRAIGHT LEVEL 1 - DRY 1 CONCRETE		
	or Median 4 - Intermittent or moving	WORK 4-ACTIVITY AREA	A	2 - STRAIGHT GRADE 2	2 - WET 2 - BLACKTOP,	
ACTIVE SCHOOL ZONE	5-OTHER	5 - TERMINATION AF	REA		3 - SNOW BITUMINOUS ASPHALT	
LIGHT CONDITION	W	EATHER			3 - BRICK/BLOCK	
3 1- DAYLIGHT 2- DAWN/DUSK	1 - CLEAR	6 - SNOW		) - OTHER BARROWER 5	S-SAND, MUD, DIRT, DIL, GRAVEL, STONE	
3 - DARK - LIGHTED ROADWAY	2 - CLOUDY 3 - FOG, SMOG, S	7 - SEVERE CROSSWINDS MOKE 8 - BLOWING SAND, SOIL, DIR	WAIR T	6	-WATER (STANDING, 5-DIRT	
4 - DARK - ROADWAY NOT LIGHTED 5 - DARK – UNKNOWN ROADWAY LIGHTII	4 - RAIN	9 - FREEZING RAIN OR FREEZ		7	- SLUSH 9 - GTHER/UNKNOWN	
9 - OTHER / UNKNOWN	IG 5 - SLEET, HAIL	99 - OTHER / UNKNOWN		9	- OTHER/UNKNOWN	
NARRATIVE		TITIL	11111	11111		
Unit 2 was stopped on W. Franklin St. f	acing S. Main St. (eastwa		In 5+		Indicate the north direction with	
railed to stop in time and struck Unit 2 i	the rear Unit 1 had little	a to no			an "N" on the compass diagram.	
damage to her front tow hook and Unit						
The driver of Unit 1 advised her dog ins caused the accident.	ide of the vehicle distract	ed her which	111-			
		607 - 1 - 10 (60 - 10) (10 - 10 - 10 - 10 - 10 - 10 - 10 - 10				
BWC.ON.	THE THE RESIDENCE OF SERVICE STREET, THE PERSON OF SERVICE STREET,					
e cui se se seguina e disputator de se seguina exercicação do desenvista de se objeto de contrator de se se objeto de contrator de se objeto de contrator de cont	re ge archi y i egister rooms all e colorische arcomo dispersi i i i	WiFrankl	1×5+1		E. Franklin St.	
and the second of the second o	TOTAL Species alternation					
		4 1 4	11 12		and developed and and depth below to a second and a secon	
A CAMPAGE AND THE CONTRACT OF THE CAMPAGE AND	AT ATTENDED AND A STATE OF THE	Unital	LUL: +D	·		
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the a finite control of the control	We have do reference a page.					
	THE RAIL OF THE THE RAIL OF				i de la companya de l	
		const	(1			
CRASH REPORTED DATE / TIME	DISPATCH DATE / TIME	ARRIVAL DATE / TIME	aT.	SUENE ULEANED DA	REPORT TAKEN BY	
07182022 2128 07	L82022 2128	07,1,82,022,21	,3,2, ,0	7,1,82,022	2211 N POLICE AGENCY	
TOTAL TIME OTHER TOT ROADWAY CLOSED INVESTIGATION TIME MINI		Cs	ECKED BY OFFICE	<del></del>	MOTORIST	
A C	Johnston, Rya			AHO)	SUPPLEMENT ICORRECTION OF ADDITION	
43   60   1	031 OFFICER'S	S BADGE NUMBER*	CHECKED BY	OFFICER'S BADGE NUI	WBER* TO A SEASON OF A POOL 1 (O.S.	

MOTORIST / NON-MOTORIST				22-00	002	NUMBER 7						
UNIT * NAME: LAST, FIRST, MIDDLE   D   Bliss, Danielle R				081719		AGE 3.7	GENDER F					
ADDRES	ADDRESS: STREET, CITY, STATE, ZIP							<u> </u>	_  <u>_</u>			
0	2122 S LINDA DR BELLBROOK OH 45305					937 43	9 – 93	32	S 60 1 54			
INJURIES	S INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT USED 0			DOT-COMPLIANT SEATIN	G POSITION AIR	BAG USAGE EJECTI	ON TRAPPED		
OL STATE	E OPERATOR	LICENSE NUMBER		OFFEN	SE CHA	ARGED	LOCAL		CRIPTION	CII	TATION NUMBER	
OL STATI	S ENDORSEMEN	T DESTRUMENT		451			CODE	Assured C	lear Distance Ah	ood	2113	
OL CLAS	SELECT UP TO 2			STRACTED 7		COHOL / DRUG SUSP Alcohol   MA	<b>ected</b> Rijuana	CONDITION	STATUS TYPE VALUE TO THE TABLE	JE STATU	DRUG TEST	S) ULT SELECT UP TO 4
UNIT#	UNIT # NAME: LAST, FIRST, MIDDLE					DATE OF B	<b>_</b>					
02		n, William V							090519		69	GENDER M
F-1	s: street, city, s Belair Cir E	TATE,ZIP Bellbrook OH 4530:	5						CONTACT PHONE - INCLUDE 937 848		/I O	
INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJUREDT	TAKENTO	0: MEDICAL FACILITY	(NAME, CITY	140mm A A		POSITION AIR B		N TRAPPED
OL STATE	J BY OPERATOR	LICENSE NUMBER		OFFENS	ECHA	ncen	10041	USED 04	MC HELMET U	1	$1 \mid 1$	1_1_
OL STATE				OT LIES	)E UNA	RUED	LOCAL CODE	OFFENSE DESC	RIPTION	CIT	ATION NUMBER	
OL CLASS	SELECT UP TO 2	RESTRICTION SELEC		IVER STRACTED		OHOL / DRUG SUSPI	ECTED RIJUANA	CONDITION	ALCOHOL TEST STATUS TYPE VALU	E STATUS	DRUG TEST	S) LT select up to 4
	<u> </u>					THER DRUG	NO DANA	<u>L</u>		_   1		
UNIT#	NAME: LAST,	FIRST, MIDDLE							DATE OF BI	RTH	AGE	GENDER
ADDRESS	S: STREET, CITY, ST	FATE, ZIP							CONTACT PHONE - INCLUD	E AREA CODE		4
INJURIES	INJURED	PMC ACCION (MARIE)		,						1 1	E E I	-10 B
ADDRESS INJURIES	TAKEN BY	EMS AGENCY (NAME)		INJUREDTA	AKEN TO	: MEDICAL FACILITY (	NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT SEATING	POSITION AIR BA	AG USAGE EJECTION	TRAPPED
OL STATE	OL STATE OPERATOR LICENSE NUMBER OFFENSE CHARGED LOCAL CODE		OFFENSE DESC	RIPTION	CITA	TION NUMBER	1					
≥ OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT		VER TRACTED		DHOL / DRUG SUSPE	CTED	CONDITION	ALCOHOL TEST	STATUS	DRUG TEST(	
			ВY 		$\equiv$	LCOHOL MAR THER DRUG	IJUANA	ř .		STATUS	TYPE RESUL	T SELECT UP 104
INJU 1-FATAL	JRIES	SEATING POSITION		IR BAG	EALLY	OL CLASS		OL RESTRICT	IDN(S) DRIVER DIS	TRACTION	TEST ST	ATUS
1	SERIOUS INJURY	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEP 2 - DEPLOY			1 - CLASS A 2 - CLASS B		1 - ALCOHOL INTERL 2 - CDL INTRASTATE			1 - NONE GIVEN	
3 - SUSPECTED		2 - FRONT - MIDDLE 3 - Front - Right Side	3 - DEPLOY	ED SIDE		3-CLASS C		3-CORRECTIVE LEN	SES ELECTRONIC	COMMUNICATION	2 - TEST REFUSED  3 - TEST GIVEN, COI	VTAMINATED
4 - POSSIBLE IN 5 - NO APPAREN		4 - SECOND - LEFT SIDE		ED BOTH FRON	T/SIDE	4 - REGULAR CLASS (OHIO = D)		4 - FARM WALVER	DEVICE (TEXT DIALING)	ING, TYPING,	SAMPLE/UNUS	ABLE
	(MOTORCYCLE PASSENGER)  5- RUI APPLICABLE  5- RUI APPLICABLE  5- EXCI  9- DEPLOYMENT UNKNOWN  5- M/C MOPED ONLY  6- EXCI		5 - EXCEPT CLASS A 6 - EXCEPT CLASS A	BUS 3-TALKING ON H COMMUNICATI		4 - TEST GIVEN, RE						
1 - NOT TRANSP	1 - NOT TRANSPORTED 6 - SECOND - RIGHT SIDE 6 - NO VALID OL & CLASS B BUS 4 - TALKING ON HAND-HELD UNKNOWN  7 - EXCEPT TRACTOR TRAIL FR. COMMUNICATION DE VICE											
2-EMS	. 302.02	(MOTORCYCLE SIDE CAR)	1 - NOT EJE	ECTION		H - HAZMAT	ENT	8 - INTERMEDIATE L RESTRICTIONS	ICENSE 5 - OTHER ACTIVI ELECTRONIC I		ALCOHOLTE 1-NONE	STTYPE
3 - POLICE	- POLICE 8-THJRD - MIDDLE 2- PARTIALLY EJECTED M - MOTORCYCLE 9		9 - LEARNER'S PERM		CVIUL	2-BL00D						
9-OTHER/UNK	INUWN	10 - SLEEPER SECTION	3 - TOTALLY 4 - NOT APP			P - PASSENGER		RESTRICTIONS  10 - LIMITED TO DAYL	7 - OTHER DISTRA		3 - URINE 4 - BREATH	
SAFETY E	QUIPMENT	OF TRUCK CAB 11 - PASSENGER IN OTHER				N - TANKER Q - MOTOR SCOOTER		11 - LIMITED TO EMPL	OYMENT B-OTHER DISTRA		5-OTHER	
2 - SHOULDER B	ELT ONLY USED	ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS,	1 - NOTTRAF	PED	- 95	R-THREE-WHEEL MOT	DRCYCLE	12 - LIMITED - OTHER	O OTRED / HAIVE	own I	DRUG TEST	TYPE
	LAP BELT ONLY USED PICK-UP WITH CAP) 2 - EXTRICATED BY T - DOUBLE & TRIPLE TRAIL FOR		(SPECIAL BRAKES, HAND									
	- SUNDTREK & FOL REFL OSED 15 - LYSSENGEK IN ANEWOLFDED MICHINALISM MENUS		X-TANKER/HAZMAT	001111000,0110111				2 - BLOOD 3 - URINE				
FORWARD FA	FORWARD FACING 13-TRAILING UNIT NON-MECHANICAL MEANS		GENDER		14 - MILITARY VEHICL 15 - MOTOR VEHICLES	ES ONLY 2 - PHYSICAL IMP	AIRMENT	4-OTHER				
	- CHILD RESTRAINT SYSTEM - 14 - RIDING ON VEHICLE EXTERIOR REAR FACING (NON-TRAILING UNIT) F - FEMALE		AIR BRAKES	WITHOUT 3 - EMOTIONAL (E. ANGRY, DISTURBE		DRUG TEST RE	SULT(S)					
7 - BOOSTER SEA		15 - NON-MOTORIST				M - MALE U - OTHER / UNKNOWN		16 - OUTSIDE MIRROR	4-ILLNESS		1 - AMPHETAMINES	
8 - HELMET USE 9 - PROTECTIVE		99 - OTHER / UNKNOWN				O-OIDER/UNKNOWN		17 - PROSTHETIC AID 5 - FELL ASLEEP, FAINTED, 18 - OTHER FATIGUED, ETC.			2 - BARBITURATES 3 - BENZODIAZEPIN	.
(ELBOW, KNEES, ETC.)						6- UNDER THE INF OF MEDICATION		4 - CANNABINOIDS				
	10 - REFLECTIVE CLOTHING 11 - Lighting - Pedestrian				/ALCOHOL		5 - COCAINE					
/ BICYCLE ON	LY								9- OTHER/UNKNO	WN	6 - OPIATES / OPIGID 7 - OTHER	\$
99 - OTHER/ UNKN											8 - NEGATIVE RESUL	TS
15 Y 8306 OH1A	<b>VI 1/19 [760-150</b> 0	0]										

LOCAL	REPORTING	DATE OF CRASH
REPORT / ) _   / (//	AGENCY Rollbon Lo D.	M -7 /DIA /YO.
NUMBER 7 0 1130	Ge11010015 Palice	[ ( , , ) ]

## FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I. DANIEL BISS (OFFICERS NAME)	HEREBY MAKE THIS VOLUNTARY STATEMENT TO  AT (LOCATION)  S. Malu
and my puppy je cent pear ended the	imped in the mont
	,
ADDRESS OF WITNESS 2122 B. Linda Do WITNESS WITNESS	OFFICERS SIGNATURE

LOCAL		
REPORT	2	1/20
NUMBER	27	159

REPORTING AGENCY Bellbrook Police

DATE OF CRASH M7 198 1722

## FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT

THE STATE EXCEPT FOR FATAL CRASHES
HEREBY MAKE THIS VOLUNTARY STATEMENT TO  Schristen  (OFFICERS NAME)  AT W. Franklin St. / S. Main St.  (LOCATION)
Sitting at Red Light Done Town Bellbrook Ohin Got Hit in Th
REAR End. Rans Exit Bound
Stoped At Traffic Light At The
Interation of WEMARKE And Main
·
ADDRESS
OF OF 190 Beldin Cin Bellwood Oic PHONE
OF WITNESS OF THE SHORE TH
HSV 7003 4/83